



GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS, SOCIAL WORKERS, AND
MARRIAGE AND FAMILY THERAPISTS
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www.sos.state.ga.us/plb/counselors

MARRIAGE AND FAMILY THERAPY
PRACTICUM/INTERNSHIP VERIFICATION
FORM A

INSTRUCTIONS: NO FAXED FORMS ACCEPTED

- Please type or print clearly. For additional forms, please photocopy. This is a 2-sided form.
- Practicum/Internship must meet the requirements set out in Board Rule 135-5-.06(a)(21-24) [Graduate level course over 9 - 12 consecutive months, under supervision, minimum 500 hours MFT clinical contact.]
- **Applicant** – Complete Part I.
- **On-Site Coordinator of Practicum/Internship** - Complete Part II.

PART I - TO BE COMPLETED BY APPLICANT

Name: _____

Address: _____
Street City State Zip

✓

Check applicable and complete information below:

- ☐ Practicum/Internship which was **part of my degree program** OR
- ☐ Practicum/Internship **before or after the master's degree.**

✓

Check Type of Practicum/Internship:

☐ MFT

☐ PC

☐ SW

Institution: _____

Degree: _____

Course Title & Number: _____

Supervisor: _____

Practicum/Internship Site: _____

Address: _____

Position/Title: _____

Description of Responsibilities: _____

DATES:

FROM:

Month/Year

TO:

Month/Year

DURATION:

TOTAL YEARS:

TOTAL MONTHS:

HOURS OF ON-SITE EXPERIENCE

Individuals: _____

Group: _____

Couples/Families: _____

OATH

I attest that the above information is a true and accurate representation of my Practicum/Internship.

Date

Signature of Applicant

Subscribed to and sworn before me

this ____ day of _____, _____ Printed Name

Notary Public

My Commission Expires: _____

NOTARY SEAL

PART II - TO BE COMPLETED BY THE ON-SITE COORDINATOR

INSTRUCTIONS:

- Please review the applicant's description of his/her Practicum/Internship experience. If you have any additional information which would assist the Board in making a decision on licensure for this applicant, please provide that information below.
- Complete A or B below, as applicable.

ADDITIONAL INFORMATION:

A - ACTUAL ON-SITE COORDINATOR

ATTESTATION:

I attest that I served as the On-Site Coordinator for the Practicum/Internship described above and that this description is a true and accurate representation of this applicant's experience.

Date

Signature of On-Site Coordinator

Printed Name

Name of Site:

Address: _____
Street City State Zip

Work Phone: () Home Phone: () Fax: ()

B - CURRENT ON-SITE COORDINATOR

ATTESTATION:

I attest that the person who coordinated this applicant's Practicum/Internship cannot be located and that I am the current On-Site Coordinator and can verify this applicant's experience based upon a review of the available records. After a diligent and thorough search of available records, I attest that the Practicum/Internship described above is a true and accurate representation of this applicant's experience.

Date

Signature of Current On-Site Coordinator

Printed Name

Name of Site:

Address: _____
Street City State Zip

Work Phone: () Home Phone: () Fax: ()